

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

| | | | |
|--|---|---|-------------------|
| PLAINTIFF | Lewis Deans | COURT CASE NUMBER | 3:05-CV-00283 TMB |
| DEFENDANT | Jerry Siolander | TYPE OF PROCESS | RECEIVED |
| SERVE | NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN | | |
| AT | Jerry Siolander | DEC 28 2006 | |
| SEND NOTICE OF SERVICE COPY TO RE | | CLERK U.S. DISTRICT COURT ANCHORAGE, ALASKA | |
| Lewis Deans 205 E. Dimond Blvd. # 112 Anchorage, AK 99515 | | Number of process to be served with this Form 285 | |
| | | Number of parties to be served in this case | |
| | | Check for service on CLERK, U.S. DISTRICT COURT ANCHORAGE, ALASKA | |
| SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service): | | | |

Signature of Attorney or other Originator requesting service on behalf of:

Lewis Deans

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

907-344-5151

DATE

10/26

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

| | | | | | |
|---|--------------------|-----------------------------|----------------------------|--|----------|
| I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted) | Total Process 1 | District of Origin No. 6 | District to Serve No. 6 | Signature of Authorized USMS Deputy or Clerk | Date |
| | | | | [Signature] | 12/26/06 |

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Address (complete only if different than shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service

Time

Signature of U.S. Marshal or Deputy

| | | | | | | |
|--------------------|---|----------------|--------------------------|------------------|--------------------------------|------------------|
| Service Fee \$8 | Total Mileage Charges (including endeavors) 5.00 | Forwarding Fee | Total Charges \$13.00 | Advance Deposits | Amount owed to U.S. Marshal or | Amount of Refund |
|--------------------|---|----------------|--------------------------|------------------|--------------------------------|------------------|

REMARKS:

sent out certified - RR
Returned 12-26-06

PRIOR EDITIONS
MAY BE USED

1. CLERK OF THE COURT

FORM USM-285 (Rev. 12/15/00)

AO 440 (Rev. 8/01) Summons in a Civil Action

UNITED STATES DISTRICT COURT

ORIGINAL

District of

Lewis Deans

SUMMONS IN A CIVIL ACTION

v.

Cindy Anderson
Sharon Shumacher
Jerry Sjolander
Jim Aronow
Julie Neal
Krista Shunk
Debra Wilson
Art Arnold
Cheryl Gurette

CASE NUMBER: 3:05-CV-00283 TMB

TO: (Name and address of Defendant)

Jerry Sjolander

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

Lewis Deans
209 E Dimond Blvd #112
Anchorage, AK 99515

an answer to the complaint which is served on you with this summons, within 20 days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

IDAHO

CLERK

(BY) DEPUTY CLERK

DATE

November 2, 2006

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

7001 2510 0002 1407 6529

OFFICIAL USE

| | | |
|---|---------|------------------|
| Postage | \$ 1.11 | 0535 |
| Certified Fee | \$2.40 | 07 |
| Return Receipt Fee (Endorsement Required) | \$1.85 | Postmark Here |
| Restricted Delivery Fee (Endorsement Required) | \$0.00 | 13 |
| Total Postage & Fees | \$5.36 | 12/13/2006 |

Sent To
 Street, Apt. No.,
 or PO Box No.
 City, State, ZIP+4

Terry Sjlander

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

*Terry Sjlander***COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

DEC 18 2006

☐ Agent☐ Addressee

B. Printed Name)

Department of Alaska

Central Mail Services

C. Date of Delivery

5

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☒ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2510 0002 1407 6529

Domestic Return Receipt

102595-01-M-2509

| SENDER: COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY | |
|--|--|---|---------------------|
| <ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. | | <p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X</p> | |
| 1. Article Addressed to: | | B. Received by (Printed Name) | C. Date of Delivery |
| | | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p> | |
| | | <p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> | |
| | | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> | |
| 2. Article Number | | 7001 2510 0002 1407 6529 | |
| (Transfer from service label) | | | |
| PS Form 3811, August 2001 | | Domestic Return Receipt 102505-01-M-2508 | |

U.S. Department of Justice
 United States Marshals Service
 District of Alaska
 222 West 7th Avenue, 428
 Anchorage, AK 99511-7568
 Official Business
 Penalty for Private Use \$300

Jerry Sjlander

